



Partnering with The Vaccine Fund

Updated February 2004

# Progress Report

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund

by the Government of

**COUNTRY: BURUNDI**

Date of submission: **May 2004**

Reporting period: **2003** (*Information provided in this report **MUST** refer to the previous calendar year*)

*( Tick only one ) :*

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| Inception report                     | <input type="checkbox"/>            |
| First annual progress report         | <input type="checkbox"/>            |
| <b>Second annual progress report</b> | <input checked="" type="checkbox"/> |
| Third annual progress report         | <input type="checkbox"/>            |
| Fourth annual progress report        | <input type="checkbox"/>            |
| Fifth annual progress report         | <input type="checkbox"/>            |

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

***\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

*Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-coordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

*The funds are credited to account no. 1102/199, opened with the Bank of the Republic of Burundi (BRB) in the name of the EPI. They are managed jointly by the Ministry of Public Health and the Ministry of Finance. The managers of the account are the EPI Director (MPH) and the Accounts Director of the Ministry of Finance. For the management of funds, the activities to be financed are determined jointly by the EPI team and the Accounts Director. These activities, together with the related budgets, are first submitted for approval by the technical committee responsible for EPI issues. They are then referred to the ICC for approval. No activity is financed from these funds unless it has received the approval of the ICC. The ICC is responsible for the regular monitoring and execution of activities. No problems have been encountered in the course of execution of these activities. It will be noted that a significant proportion of the budget is allocated to transport. This is because there has not been any renewal of the fleet since 1993 and the existing vehicles are now old and require more frequent repairs. As an alternative, fuel is purchased for the use of vehicles borrowed from other services to assist in the supply and supervision of the central and peripheral levels. The transport problem is becoming increasingly noticeable at the peripheral level, where more than 9 out of the 17 provinces do not have suitable vehicles and the existing ones often require major repairs. To reduce the burden of repeated repairs, it will be necessary for our partners to deal with the question of the renewal of the EPI transport fleet both at central level and at the intermediate level.*

### 1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

**Funds received during the reporting year: USD 162 488**

**Remaining funds (carry over) from the previous year: 0**

**Table 1 : Use of funds during reported calendar year 2003**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies	1888	1888			
Personnel	1888	1888			
Transportation (fuel)	18493	18493			
Maintenance and overheads	5696	5696			
Training	5660		5660		
IEC / social mobilization	10756		10756		
Outreach					
Supervision	37736	5660	32076		
Monitoring and evaluation	9435	9435			
Epidemiological surveillance					
Vehicles	47350	47350			
Cold chain equipment			2830		
Other: FSP ( <i>specify</i> )	20756	20756			
<b>Total:</b>	<b>162488</b>	<b>111166</b>	<b>51322</b>		
<b>Remaining funds for next year:</b>	<b>0</b>				

*\*If no information is available because of block grants, please indicate under 'other'.*

**Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.**

*Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

**Main activities conducted :**

- **Strengthening of routine immunization**
- **Social mobilization.**
- **Supervision.**
- **Training of personnel in vaccine management.**
- **Monitoring – evaluation of activities.**

**No problems have been encountered in the implementation of the plan.**

### **1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country)**

*Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.*

YES

NO

*If yes, please attach the plan and report on the degree of its implementation.*

*The Data Quality Audit (DQA) was carried out in March 2004. The DQA results showed a verification factor of 72.1%. The result of the Data Quality Audit was negative. A plan of action in relation to the recommendations is in the course of being drawn up.*

**Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.**

*Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).*

**A survey on injection safety was conducted in October-November 2003.**

## 1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

### 1.2.1 Receipt of new and under-used vaccines during the previous calendar year

**Start of vaccinations with the new and under-used vaccine:      MONTH.....      YEAR.....**

*Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

*The 1<sup>st</sup> batch of vaccines was delivered in October 2003. The 2<sup>nd</sup> batch was received in May 2004.  
No new or under-used vaccines were used in 2003. The official launch took place in February 2004 in the province of Kayanza.*

### 1.2.2 Major activities

*Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.*

- *Workshop on the new vaccines intended for the media so that they can help in social mobilization in favour of the new vaccines.*
- *Debate and discussion day on GAVI and the new vaccines with the senior staff of the Ministry and the intermediate level so as to inform them about the new EPI partner and the new vaccines it would be financing, as well as the monitoring of the programme.*
- *Health promotion training of provincial level technicians so as to enable them to carry out social mobilization activities and provide training in the health units at the peripheral level.*
- *Health promotion training of community technicians to enable them to conduct social mobilization activities within the community.*
- *Training of permanent staff in the health units in the administration of the new vaccines and mobilization of parents.*
- *Strengthening of the cold chain (replacement and renewal of cold chain equipment, new cold room).*
- *Construction of a warehouse for the storage of immunization supplies.*

### **1.2.3 Use of GAVI/Vaccine Fund financial support (US\$ 100 000) for the introduction of the new vaccine**

*Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

- *Media workshop on the new vaccines :USD 789*
- *Debate and discussion day on GAVI and the new vaccines : USD 5 325*
- *Health promotion training of provincial level technicians : USD 9 406*
- *Training of permanent staff in the health units : USD 74 108*
- *Bank charges : USD 41*
- *Health promotion training of community technicians : USD 10 331*

*No problems were encountered in connection with the use of these funds as the activities had been planned.*

## **1.3 Injection Safety**

### **1.3.1 Receipt of injection safety support**

*Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered*

*In terms of injection safety support, Burundi received AD syringes (1 521 600 units), BCG syringes (312 400 units), 2 ml dilution syringes (39 000 units), 5 ml dilution syringes (48 000 units), as well as safety boxes (1 .725 units). Implementation of the injection safety policy began in 1999 with the use of AD syringes. The problem currently encountered relates to the incinerators, which cannot destroy the needles. Another type of incinerator is needed in order to solve this problem. The DE MONFORT type incinerator has been proposed but we have come up against a funding problem. A member of the ICC, namely the delegate of the Belgian Cooperation Service, agreed to present the financing plan to the Belgian-Burundi Fund. We believe that the project will be implemented*

### 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<ul style="list-style-type: none"> <li>- <i>Number of health centres and hospitals using AD syringes and safety boxes.</i></li> <li>- <i>Number of health units, hospitals and health centres equipped with an incinerator</i></li> <li>- <i>Number of AD syringes and dilution syringes received.</i></li> <li>- <i>Number of safety boxes received</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Ensuring the safety of all [immunization] practices.</i></li> <li>- <i>ensuring complete destruction of used materials</i></li> <li>- <i>Ensuring the supply of AD syringes and dilution syringes.</i></li> <li>- <i>Ensuring the supply of safety boxes.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>All the health centres use AD syringes and dilution syringes</i></li> <li>- <i>Used supplies are destroyed in the health centres after immunization</i></li> <li>- <i>The supply of injection materials is carried out monthly</i></li> <li>- <i>The supply of safety boxes is carried out monthly</i></li> </ul>	<p><i>Lack of efficient incinerators for the destruction of needles</i></p>	<ul style="list-style-type: none"> <li>- <i>Ensuring quarterly supply of injection supplies</i></li> <li>- <i>Ensuring the supply of safety boxes.</i></li> </ul>

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

*In terms of injection safety support, the following areas have been financed (equipment received in kind):*

- *AD syringes: USD 26 495*
- *BCG syringes : USD 23 024*
- *2 ml dilution syringes: USD 1 250*
- *5 ml dilution syringes: USD 5 208*



## 2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

*The EPI Financial sustainability Plan was submitted to GAVI in November 2003. A letter has just been sent by the GAVI Secretariat, informing the Minister of Public Health that the Plan has been accepted. At present, preparatory activities for the implementation of the Plan are being carried out..*

### 1. Strategies:

- *Increasing the budget of the Ministry of Public Health to 15% by 2008.*
- *Reducing the wastage rate by 10% each year.*
- *Reducing the drop out rate by 5% each year*
- *Increasing advocacy with economic operators and local partners.*
- *Initiating community participation*

### 2. Factors which may hamper the implementation of these strategies.

- *Lack of security due to the ongoing socio-political crisis*
- *Poverty level of the country, with difficulty of benefiting from the advantages granted to the HIPC.*
- *Turnover of personnel*
- *Mobility of the population.*

### 3. Indicators :

*With regard to the indicators, the start and end dates are missing. The year 2004 marks the start date for new and under-used vaccines, with 2008 marking the end date.*

- Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/IF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

**Table 2 : Sources (planned) of financing of new vaccine DTP-Hib-Hepatitis B (specify)**

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	100%					
Proportion funded by the Government and other sources (%)	0	0	0	0	0					
Total funding for ..... (new vaccine) *										

\* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

### 3. Request for new and under-used vaccines for year 2005

Section 3 is related to the request for new and under used vaccines and injection safety for the *forthcoming year*.

#### 3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application:* figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

**Table 3 : Update of immunization achievements and annual targets**

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>									
Births			295248	292371	301142	310176	319482	329066	338938
Infant deaths			35157	24478	25212	25968	26748	27550	28376
Surviving infants			260091	267893	275930	284708	292734	301516	310562
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup></b> dose of DTP (DTP1)*	200737	189343	284776	256698					
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup></b> dose of DTP (DTP3)*	179785	174094	245883	251813					
<b>NEW VACCINES **</b>									
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup></b> dose of ..... ( <i>new vaccine</i> )					275930 25%	284708	292734	301516	310562
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup></b> dose of ..... ( <i>new vaccine</i> )					222564 25%	244256	267081	271644	279505
Wastage rate of *** ..... ( <i>new vaccine</i> )					25%	5%	5%	5%	5%
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with TT	151337	187621	209151	123379	255528	380467	288601	296970	
Infants vaccinated / to be vaccinated with BCG	192901	234526	294018	246723	306633	315525	324676	334091	
Infants vaccinated / to be vaccinated against measles	159557	177036	173389	214676	227366	234187	241212	248449	

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

*Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

*The changes to baseline data are due to a re-adjustment of the population during the 2002 measles campaign. The population figures, calculated with effect from 1999 (i.e. the date of the latest census) were contested by the local administration. This made it necessary to hold meetings to arrive at a consensus figure for the target population in each province. The population figures currently being used are the result of local censuses carried out by the local administration, and this is the explanation for the changes in the baseline data.*

### **3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005 (indicate forthcoming year)**

*Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.*

*The UNICEF supply division has guaranteed the availability of the pentavalent vaccine for Burundi. The first batch is scheduled for October 2004. As indicated in the document on the introduction of new vaccines, as revised in March 2004, Burundi should switch to the pentavalent in January 2005. That is why the first deliveries of the pentavalent vaccine must arrive two months earlier. Moreover, the coverage rate reached in 2003 (94.5%) suggests that the targets forthcoming years will need to be reviewed.*

**Table 4: Estimated number of doses of the pentavalent vaccine**

		Formula	For year 2005
<b>A</b>	Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of ..... ( new vaccine)		284708
<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
<b>C</b>	Number of doses per child		3
<b>D</b>	Number of doses	$A \times B/100 \times C$	854124
<b>E</b>	Estimated wastage factor	(see list in table 3)	1.05
<b>F</b>	Number of doses ( incl. wastage)	$A \times C \times E \times B/100$	896 830
<b>G</b>	Vaccine buffer stock	$F \times 0.25$	224 208
<b>H</b>	Anticipated vaccines in stock at start of year ....		0
<b>I</b>	Total vaccine doses requested	$F + G - H$	1 121 038
<b>J</b>	Number of doses per vial		2
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1 196 949
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	622 176
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	20 192

**Remarks**

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for Hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] \* 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

**Table 5: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*\*Please report the same figure as in table 3.*

### 3.3 Confirmed/ revised request for injection safety support for the year 2005 (*indicate forthcoming year*)

**Table 6: Estimated vaccination safety supplies for the next two years with TT** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year 2005	For year 2006
A	Target of children for TT vaccination (for TT : per pregnant women) <sup>1</sup>	#	310176	319066
B	Number of doses per child (for TT: per woman)	#	2	2
C	Number of ..... doses	A x B	620352	638132
D	AD syringes (+10% wastage)	C x 1.11	688590	708326
E	AD syringes buffer stock <sup>2</sup>	D x 0.25	-	-
F	Total AD syringes	D + E	688590	708326
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	7643	7862

**If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.**

*The quantities differ from those contained in the GAVI letter of approval because there was a change concerning the introduction of new and under-used vaccines. In 2004, the vaccines introduced are the DTP-Hib and the Hep B monovalent in 2 injections, whereas the request was for the pentavalent vaccine. The difference is also due to an adjustment of the population figures of the provinces in 2002. The period of injection safety support is three years, ending in 2004.*

**Table 5: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*\*Please report the same figure as in table 3.*

<sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>2</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

### 3.3 Confirmed/ revised request for injection safety support for the year 2005 (*indicate forthcoming year*)

**Table 6: Estimated supplies for safety of vaccination for the next two years with Measles** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

	MEASLES	Formula	For year 2005	For year 2006
A	Target of children for measles vaccination (for TT : target of pregnant women) <sup>4</sup>	#	284708	292734
B	Number of doses per child (for TT: per woman)	#	1	1
C	Number of ..... doses	A x B	284708	292734
D	AD syringes (+10% wastage)	C x 1.11	316025	324934
E	AD syringes buffer stock <sup>5</sup>	D x 0.25	-	-
F	Total AD syringes	D + E	316025	324934
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution <sup>6</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	63205	64986
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4209	4328

**If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.**

*The quantities differ from those contained in the GAVI letter of approval because there was a change concerning the introduction of new and under-used vaccines. In 2004, the vaccines introduced are the DTP-Hib and the Hep B monovalent in 2 injections, whereas the request was for the pentavalent vaccine. The difference is also due to an adjustment of the population figures of the provinces in 2002. The period of injection safety support is three years, ending in 2004.*

**Table 5: Wastage rates and factors**

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*\*Please report the same figure as in table 3.*

<sup>4</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>5</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

### 3.3 Confirmed/ revised request for injection safety support for the year 2005 (*indicate forthcoming year*)

**Table 6: Estimated supplies for safety of vaccination for the next two years with BCG** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

	<b>BCG</b>	<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of children for BCG vaccination (for TT : target of pregnant women)<sup>7</sup></b>	#	310176	319066
<b>B</b>	<b>Number of doses per child (for TT : per woman)</b>	#	1	1
<b>C</b>	<b>Number of ..... doses</b>	A x B	310176	319066
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	344295	354163
<b>E</b>	<b>AD syringes buffer stock <sup>8</sup></b>	D x 0.25	-	-
<b>F</b>	<b>Total AD syringes</b>	D + E	344295	354163
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>9</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	34430	35416
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	4203	4324

**If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.**

*The quantities differ from those contained in the GAVI letter of approval because there was a change concerning the introduction of new and under-used vaccines. In 2004, the vaccines introduced are the DTP-Hib and the Hep B monovalent in 2 injections, whereas the request was for the pentavalent vaccine. The difference is also due to an adjustment of the population figures of the provinces in 2002. The period of injection safety support is three years, ending in 2004.*

<sup>7</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>8</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>9</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.



**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support**

Indicators	Targets	Achievements	Constraints	Updated targets
Number of doses ordered	<ul style="list-style-type: none"> <li>- Introduction in 2004 of the DTP-Hib and Hep B in 2 injections / doses</li> <li>- Introduction of the pentavalent vaccine in 2005</li> </ul>	The introduction of these two vaccines is already under way	The available incinerators are not effective for the destruction of used needles	Introduction of the pentavalent vaccine in 2005

**5. Checklist**

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	May 2004	
Reporting Period (consistent with previous calendar year)	2003	
Table 1 filled-in	OK	
DQA reported on	OK	
Reported on use of 100,000 US\$	OK	
Injection Safety Reported on	OK	
FSP Reported on (progress against country FSP indicators)	OK	
Table 2 filled-in	OK	
New Vaccine Request completed	OK	
Revised request for injection safety completed (where applicable)	OK	
ICC minutes attached to the report	OK	
Government signatures	OK	
ICC endorsed	OK	

## **6. Comments**

→ *ICC/RWG comments:*

**1. UNICEF is delighted with the efforts exerted by the Government in order to achieve a significant increase in Burundi's immunization coverage. This second progress report highlights clearly the progress made thanks to GAVI support. These gains must be consolidated by the strengthening of strategies such as community outreach, supervision and social mobilization in order to ensure the survival of children.**

**Youssef Abdel Jelil, UNICEF / Burundi**

**2. The vaccination activities conducted by the Ministry of Health through the EPI to increase immunization coverage of children under one year of age have been satisfactory, as shown in the second Progress Report for 2002. To consolidate the gains which have been achieved, the WHO would like to see a strengthening of certain activities, such as training supervision and social mobilization in favour of EPI innovations.**

**Dr Kossi Ayigan, WHO / Burundi**

**3. The Rotary Club is satisfied with the activities conducted by the Government in favour of children under the age of five, thanks to GAVI support. However, certain activities could be improved, particularly with regard to injection safety, by procuring suitable incinerators as soon as possible. Transport equipment also needs to be renewed as the repeated repairs are very costly.**

**Dr Ndayisaga, Rotary Club**

## 7. Signatures

For the Government of **BURUNDI**

Signature: **[Signature and seal of the Minister of Health]**

**[Seal of Minister's Office – Chef de Cabinet]**

Title: **Minister of Health**

**Minister of Finance, 27.05.2004**

Date: **27.05.2004**

We, the undersigned members of the Inter-Agency Co-coordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organization	Name/Title	Date	Signature	Agency/Organization	Name/Title	Date	Signature
UNICEF	Youssuf Abdel Jelil	25.5.04					
WHO	Dr Yossi Ayigan	26.05.04					
Rotary Club	Dr Ndayisaba, G.	27.05.04					
AMBABEL	Foriez, A.A. Coop Tel. 226781	27.05.04					

~ End ~



# REPUBLIC OF BURUNDI

Bujumbura, 28 May 2004

## MINISTRY OF PUBLIC HEALTH Minister's Office

To Dr Tore Godal  
Executive Secretary  
GAVI – Geneva

No. 630 – 1597 Cab

Your ref:

Our ref:

Re Submission of 2003 Progress Report

Dear Dr Godal,

I have the honour to enclose herewith Burundi's Progress Report for the year 2003, together with the minutes of the ICC meetings held in connection with the implementation of the activities.

Yours sincerely,

Minister of Public Health  
Dr Jean Kamana

[signature and seal]

### COPY FOR INFORMATION TO

- Minister of Finance
- Inspector General of Public Health
- Director General of Public Health
- Director of Health Services and Programmes
- Representative of UNICEF
- Special Representative of the WHO Director General and Regional Director
- Ambassador of the Kingdom of Belgium to Burundi
- All members of the ICC
- EPI Director